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ABSTRACT

Focusing on the theme of violence, this newsletter issue includes information about resources for violence information, a list of funding and grant agencies, conference information, and the following brief articles: (1) Waging War on Violence; (2) Minority Health Perspective (Clay Simpson); (3) Inmates Learn Alternatives to Violence; (4) National Guard Bureau Gives Kids a Second Chance; (5) Violence as a Global Health Issue Is Topic of NCIH (National Council for International Health) Conference; (6) Community Project Cleans Up the Streets; (7) HRSA (Health Resources and Services Administration) Attacks Violence from All Sides; (8) Organization of Concerned Black Men Reaches Out to Youths; (9) CSAP (Center for Substance Abuse) Supports Community Partnerships; (10) CDC (Centers for Disease Control and Prevention) Supports Evaluation of Violence Programs; (11) PACT (Policy, Action, Collaboration, and Training) Shapes Policy; (12) Indian Affairs Committee Holds Hearing on Violence; (13) Public Pressure Works for Committee Against Anti-Asian Violence; (14) Confronting Violence Against Women; and (15) NIH (National Institutes of Health) Funds Research on Victims of Interpersonal Violence. Contains listings for nine organizations distributing information on violence and four sources of grant funding. (JBJ)

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MAY 1995

A newsletter of the Office of Minority Health

ED 386 631

CLOSING THE GAP

■ Office of Minority Health ■ Public Health Service ■ U.S. Department of Health and Human Services ■

Waging War On Violence

Through on-campus family life centers, an OMH-funded consortium of HBCUs heads off violence

FOR a young person, something as simple as viewing a beautiful painting by an artist of the same race can make a world of difference. Research shows that not only do kids like to see themselves in others, but those who are more in touch with their culture have higher self-esteem. And the higher the self-esteem, the lower the chances of getting into trouble, according to Laxley Rodney, PhD, director of the Family Life Center at Central State University in Wilberforce, Ohio.

These beliefs, Dr. Rodney said, are the driving force behind "Black and Proud," a family life center violence prevention program that takes African American students on field trips to African American museums and art galleries. The program represents just one piece of the community-level work the center carries out as a member of the Consortium for Practicum and Research on Minority Males/Minority Males Consortium. While the target group is primarily African American and Latino males, ages 12 to 17, the consortium addresses issues that relate to the entire family unit, so females and younger children are also included.

"Why is it that two out of four kids...end up O.K.?"

Awarded in September, 1994, the consortium is a three-year cooperative agreement between the Office of Minority Health (OMH) and 16 historically black colleges and universities (HBCUs). Three more will join in October, bringing the total number of member schools to 19. OMH funds the consortium with assistance from six other Public Health Service (PHS) agencies: the National Institutes of Health, the Health Care Financing Administration, the Agency for Health Care Policy and Research, the Office of Health Planning and Evaluation, the Office of Population Affairs, and the Administration for Children and Families.

The schools use these funds to run on-campus family life centers, through which faculty, staff, and students design, develop, implement, and test violence research and prevention programs. Central State University is the lead institution for the consortium, and as principal investigator, Dr. Rodney oversees all 16 centers from a technical and budgetary standpoint. This is in addition to serving as director of his university's center.

"What we're trying to do," he said, "is answer questions like: Why is it that two out of four kids from the same neighborhood end up O.K., but the other two end up involved with violent activities?" He and his team are finding that this is where protective factors come into play. The consortium endeavors to identify these protective or resiliency factors and enhance them through two main avenues—a campus component that fosters violence prevention

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among college students, and a community component that provides intervention for kids living in public housing areas.

According to research, Dr. Rodney said, these factors that keep kids away from violence all relate to self-esteem. Examples are good school performance, adult supervision, positive peer pressure, and religion. "When you feel good about yourself and who you are," he said, "you want to take care of yourself and look out for your health."

So besides offering the "Black and Proud" program that stresses appreciation of heritage, Central State's center coordinates the "Be a Winner" program, which trains college students to tutor and mentor elementary and high school students. Then there is job shadowing for all students, allowing them to spend time with successful adults. A "Leading for Success" program helps students gain confidence by sharpening public speaking skills.

To guide consortium members with their plans, OMH held an orientation meeting in December that clarified project goals and grant procedures. For instance, "we discussed the importance of documenting results because we want schools to publish findings on effective interventions that can be adopted by other institutions and organizations," said Michael Douglas, project officer in the division of program operations at OMH.

Douglas will make site visits to consortium members to provide assistance regarding such matters as budgets and data collection. "OMH will coordinate the assistance that PHS agencies will provide to schools," Douglas said.

The consortium recently formed an 18-member advisory committee of experts who are also available to give technical assistance. The committee's first meeting was held on April 26, and two more are planned this year. In October, the consortium will present a national conference in Atlanta, Georgia, that will serve as a forum for sharing research, strategies, and outcomes.

"We have to compare notes and work together," Dr. Rodney said of the conference. "That's the quickest way we'll make progress." ■

For more information on the HBCU consortium, contact Michael Douglas, 301-594-0769.

HBCU Consortium for Practicum and Research on Minority Males/Minority Males Consortium

Central State University, *Wilberforce, OH*

Chicago State University, *Chicago, IL*

Clark Atlanta University, *Atlanta, GA*

Knoxville College, *Knoxville, TN*

Talladega College, *Talladega, AL*

Morehouse College, *Atlanta, GA*

Tougaloo College, *Tougaloo, MS*

Wilberforce University, *Wilberforce, OH*

Morgan State University, *Baltimore, MD*

North Carolina A & T University, *Greensboro, NC*

Philander Smith College, *Little Rock, AR*

LeMoyne-Owen College, *Memphis, TN*

Lincoln University, *Lincoln, PA*

Texas Southern University, *Houston, TX*

University of the District of Columbia, *Wash., DC*

Xavier University, *New Orleans, LA*

To join in October: California State University, *Los Angeles, CA;* Southern University, *Baton Rouge, LA;* Voorhees College, *Denmark, SC*

Minority Health Perspective

The Time is Now

By Clay Simpson, PhD, Acting Deputy Assistant Secretary for Minority Health

CHANGES in Washington are occurring daily. Sometimes I feel like I need a scorecard just to keep up. "Reinventing Government" and "Contract With America" are not just catch phrases, but a part of our political reality. Streamlining government to make it more efficient, forming performance partnerships to improve the distribution of program funds to states, and moving Medicaid toward a managed care system, are all part of the changing landscape in Washington.

For many of us who work on behalf of the disadvantaged and disenfranchised, we remain committed that the gains of the past, particularly in minority health, be preserved and expanded upon. With all of these changes in the planning stages, I believe that now is the time to stand firm in support of research and education in the area of health promotion and disease prevention within the minority community.

One way of showing this support and making our voices heard is by joining and actively participating in the Minority Health Network. This network promotes the exchange of information and expertise. It links federal and state minority health contacts with private sector counterparts and community-based organizations. The network stimulates efforts to improve data collection among minorities, and it encourages the creation of minority health offices in each state and U.S. jurisdiction.

But most importantly, the Minority Health Network is a group of people—from all walks of life, from all ethnic and racial backgrounds—who are dedicated to improving the health of minorities in their communities. By joining the network and being an active participant, you will be making a difference in providing our brothers and sisters with the information they need to take charge of their health. You will help develop the alternatives that remove the barriers that frustrate the dreams, the labors, and the victories of individuals, families, and those in the community who work hard to address the needs of minority Americans. But we *all* must do more, and we must do it *today*.

Let me leave you with this thought from Robert Frost: "In the struggle, the woods are still wide, still dark, and still deep, and we still have many promises to keep. We still have miles to go before we sleep." Let one of those promises be to join the Minority Health Network.

Call 1-800-444-6472 to become part of the network. Let's walk those miles together. Let's do it *today*. ■

Inmates Learn Alternatives to Violence

THE iron door closes with a menacing clang, and almost immediately visitors to the Maryland House of Correction (MHC) are transported into another world–a world where people know violence to be a regular part of life. It is violence that put these inmates here, many of whom are serving life in prison and many of whom are minorities. But a program at MHC shows them that violence isn't the answer and encourages them to spread this message to youths in the community.

For the past five years, the innovative Alternatives to Violence Program (AVP) has been running in correctional facilities across the country. AVP is an inmate-controlled and supported program that teaches inmates how to solve problems nonviolently.

"AVP teaches that each of us is responsible for our own actions, that we are one another's community, and most importantly that we have options in the face of conflict which extend beyond fighting," said Bob Waldman, director of the division of program coordination at OMH and a coordinator of AVP.

More than one-third of all inmates at MHC participate in the program. Its five-step format includes Basic Workshops that teach about communication and conflict resolution; the Advanced Workshop that concentrates on roots of violence; and a Training for Trainers Workshop that prepares workshop facilitators.

Inmates lead the program's Management Council, and an independent AVP Youth Council has been established to encourage participation of young men who are most likely to be instigators or victims of violence in the prison system. Although formal evaluation of the program is still underway, preliminary findings indicate that AVP has been successful at MHC.

According to the inmates, AVP has changed the way they feel about themselves and others. "Since I have been a part of AVP, I have learned how to win behind the walls--win in life," said one MHC inmate serving a life sentence. Another explains that he has "learned who I am behind this violent mask I used to wear."

In addition to the personal lessons of learning to respect themselves and others, AVPers are sharing life lessons with others. Inmates share their experiences with area students, who are encouraged to return to school and train others in resolving conflicts peacefully.

AVP began in 1975 at Green Haven Prison in New York. Since then, it has been offered in prisons in 22 states. ■

For additional information about the Alternatives to Violence Program, contact Bob Waldman at 301-594-0769.

National Guard Bureau Gives Kids a Second Chance

TREMAYNE Cole dropped out of high school during his senior year because balancing school and work became too difficult. "It was just me and my mother at home, so I was working hard trying to support us," Tremayne said. "I worked so much that I let school slip."

But things started looking up in January when Tremayne joined the National Guard Youth Challenge Program in Mississippi. Youth Challenge is a three-year program that's funded by Congress and administered by the National Guard Bureau, part of the U.S. Department of Defense. It has been running for about a year and a half.

Open to young people of all races who have dropped out of high school, the residential program exists in 15 states and combines physical training with academic and life-skills classes. "It's really the second chance I never thought I'd get," Tremayne said. He has never been involved in violent activities, and that's exactly the type of person the program targets.

With goals such as giving kids positive feedback and a sense of direction, Youth Challenge focuses on intervention for at-risk youths. Dropping out of high school automatically put Tremayne in the at-risk category, according to William Crowson, the program director in Mississippi.

"When you don't have a high school education," Crowson said, "you're less likely to have enough to live on and more likely to get into crime." Eighty-seven percent of those currently incarcerated in Mississippi never finished high school, he added.

The selection process for Youth Challenge varies for each state, and competition can be tough. There were 1,000 applicants for the 205 slots in the Mississippi program. "We look at a number of factors," Crowson said, "but mainly at how much an applicant wants to be here."

Space in the program is primarily determined by the size of the state, which in turn influences funding allocation, according to Joe Padilla, chief of the youth programs division in the public affairs office at the National Guard Bureau. For example, because of the large urban area it reaches, the Illinois program has a larger budget to serve its 800 participants, the highest enrollment of all the state programs.

The racial make-up of the programs also depends on the state. There is a high number of American Indians in the Oklahoma program, Padilla said, which reflects the population in that state. Similarly, there is a high enrollment of Puerto Ricans in the New York program.

Padilla, who acts as a liaison between the National Guard Bureau and the state program directors, calls the program results "outstanding" across the board. Eighty percent of the program's 3,000 graduates have received a high school diploma or GED, he said.

It's this success rate that makes York Onnen proud to be part of the program. Onnen is director of program development for the President's Council on Physical Fitness and Sports, part of the Public Health Service. And he represents the council in its role as a cooperating agency with Youth Challenge. "We take part in many activities," Onnen said, "like encouraging fitness companies to donate exercise equipment in support of the kids."

Physical and emotional conditioning really do go hand in hand, according to Tremayne. "I'm much stronger now in both ways," he said. "I'm more responsible and know that it's important to keep commitments and be on time." The concept is one he'll have no trouble with on July 1—the day he'll receive his high school diploma. ■

For more information on Youth Challenge, contact the National Guard Bureau, 703-695-0421.

Survey Shows Fear and Hope

In a survey conducted by Peter D. Hart Research Associates, Inc., 46 percent of African Americans indicated that they worry about their children's safety. But according to the survey's authors, parents and youths did show hopefulness and recognition that getting to positive change requires taking responsibility for others. One single father summed it up: "I can't just be concerned about my home and not my neighbor's home...."

Violence as a Global Health Issue Is Topic of NCIH Conference

THE National Council for International Health (NCIH) will present its 22nd annual conference on June 25-28 in Arlington, Virginia. The theme is "Violence as a Global Health Issue: Responding to the Crisis."

The conference will include a public policy breakfast, a film festival, literature displays, and abstract and plenary sessions. Among the scheduled speakers is Marian Wright Edelman, president of the Children's Defense Fund.

More than 1,000 health professionals are expected to attend the conference, which "aims to address the consequences of violence and translate what we know about the subject into effective and sustainable programs and policies," according to program manager Nicolette Pizzitola.

Topics will include violence motivated by cultural factors, and patterns and causes of intergroup violence. "This is an interdisciplinary collaboration that will allow us to move toward a safer and healthier community," Pizzitola said.

The conference is open to anyone interested in attending. For more information, contact NCIH at 202-833-5900.

Community Project Cleans Up the Streets

THE way a community looks is a good indication of its character. So says Lucianna Ventresca, director of the Fresno County Economic Opportunities Commission Sanctuary Project in Fresno, California. The sanctuary project administers the Minority Male Youth Leadership Program which motivates kids to take charge of their neighborhoods.

Program participants remove graffiti and trash, Ventresca said, "to eliminate the visual signs of violence that plague their neighborhoods. We provide a positive approach toward addressing violence by offering the opportunity to create instead of destroy."

This OMH-funded program targets African Americans, Asian Americans/Pacific Islanders, and Latinos, and allows youth leaders to work at local elementary schools during after-school hours. They serve as tutors and mentors, and offer instruction in the areas of physical fitness and gang prevention.

For more information on the Minority Male Youth Leadership Program, call 209-498-8543.

Did you know?

The Office of Minority Health Resource Center (OMH-RC), a service of OMH, is the largest resource and referral service on minority health in the nation. Maybe you're looking for the latest journal articles on violence prevention or other health topics. Or, perhaps you'd like to get your hands on the names of experts on violence prevention in your state. OMH-RC can help you, and all services are free. Call 1-800-444-6472. The center is open Monday-Friday, 9 a.m.-5 p.m., ET. TDD, 301-589-0951.

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HRSA Attacks Violence From All Sides

FEDERAL reports estimate that someone is murdered every 21 minutes and violent crimes occur every 17 seconds. It's a bleak picture to say the least. The good news is that the Health Resources and Services Administration (HRSA) is hard at work trying to improve this situation.

Among HRSA's efforts is a plan to convene experts from around the country to come up with a prevention strategy for family and domestic violence, according to Glen Acham, a public health analyst in HRSA's Office of Minority Health. Slated for October, the meeting "will examine current and potential programs and result in recommendations that HRSA can implement," Acham said.

Already underway at HRSA are initiatives involving the Bureau of Primary Care and the Maternal and Child Health Bureau. The Bureau of Primary Care (BPCA) recently funded a cooperative agreement with two historically black colleges and universities (HBCUs), Clark Atlanta University and Chicago State University.

The goal is to help reduce violence in public housing, set up community resource centers, and promote peaceful resolution of conflicts. Under the bureau's Public Housing Primary Care Program, there are 22 funded projects. While some of these projects already touch on violence issues, the two in Atlanta and Chicago are the first to formally receive funds from BPCA for violence prevention.

In 1990, HRSA's Maternal and Child Health Bureau established the Children's Safety Network (CSN), a group of six organizations that help state and maternal child health agencies improve programs and influence public policy related to injury and violence prevention. The core sites of the CSN are at the Education Development Center in Boston, Massachusetts and the National Center for Education in Maternal and Child Health in Arlington, Virginia.

Recent CSN activities include a collaboration with the National Conference of State Legislatures to examine legislative approaches to violence. The bureau has also produced new publications for health practitioners. *Biblio Alert: Focus on Firearms; Firearm Facts: Information on Gun Violence and Its Prevention;* and *Gun Dealers, USA* are available from the National Maternal and Child Health Clearinghouse in McLean, Virginia, 703-821-8955, ext. 254. Other publications, such as *The Impact of Community Violence on African American Children and Families,* are also available from the clearinghouse. ■

Organization of Concerned Black Men Reaches Out to Youths

ONE boy said he watched his aunt get shot in the stomach. It was his uncle who pulled the trigger. Then his uncle turned the gun on himself. As the boy told this story at a Concerned Black Men (CBM) youth workshop, he cried. For Lafayette Barnes, president of CBM's Washington, DC chapter, it was a cry for help his organization is committed to answering.

"...the push kids need to stay away from high-risk behavior."

Black police officers in Philadelphia formed CBM twenty years ago. Now a national outreach organization with 10 chapters, it continues to fill a sorely needed role. According to the Bureau of Justice Statistics, black males ages 15 to 24 experience violent crime more than any other group.

CBM offers workshops and uses peer counseling to teach kids to manage anger, steer clear of violence, and find hope after watching friends die.

"A youth conference used to mean community leaders lecturing to adults," Barnes said.

But at CBM, an example of a past conference speaker is an ex-drug dealer who's now a college student. He talked about how he bought a BMW with $45,000 cash at the age of 14. That same year, 11 of his friends died by gunfire.

To supplement its regular series of conferences, CBM's Washington chapter launched a public awareness campaign in March. The Rise High Project uses posters to promote messages such as "REAL MEN DON'T PLAY WITH GUNS."

The organization also recently entered into a partnership with Prince George's County Hospital in Maryland to deliver the Shock Trauma Mentor Program. "High school students go into hospital emergency rooms," Barnes said, "and see first hand what happens to trauma victims. We're hoping it's the push kids need to stay away from high-risk behavior." ■

For more information about Concerned Black Men, call 215-276-2260.

CSAP Supports Community Partnerships

Projects funded by the Center for Substance Abuse Prevention fight violence with parent-led activities, support networks, and neighborhood patrols

"MUCH of the violence today is related to abuse of alcohol and other drugs," according to Deborah Marie Galvin, PhD, a public health adviser with CSAP, the Center for Substance Abuse Prevention. CSAP is a division of the Substance Abuse and Mental Health Services Administration.

To deal with this problem of drug-related violence, CSAP has developed a Community Partnership Program. "As community partnerships bound by a common cause continue to expand," said Dr. Galvin, "we can begin to envision an America without violence." Each CSAP project profiled here has come up with strategies for violence prevention that affect minority populations.

Logan Square Prevention Project Chicago, Illinois

This project addresses alcohol, tobacco, and other drug prevention for youths, with an emphasis on preventing gang involvement. In-school programs for Puerto Rican and Mexican youths, ages 5-18, teach decision-making, emphasize coping mechanisms for peer pressure, and build self-esteem. After-school activities include life-skills programs, tutoring, and recreational activities. The program involves parents through an initiative called "It Takes a Village to Raise a Small Child." In small groups, parents meet and form social support networks. Once trained, parents are encouraged to assist with running program activities, thus becoming a link to their communities. Parents and neighbors also help out with the Safe Path program. Two Chicago police districts conduct training and provide squad cars so that parents can escort children back and forth between school and home. Parents wear vests and shirts that identify them as volunteers. Since the Logan Square Prevention Project formed, there has been a decrease in graffiti and gang membership.

Substance Abuse Prevention for Pregnant and Postpartum Women and Their Infants Lapwei, Idaho

This prevention project educates female adolescents in the American Indian/Alaska Native community. It involves tribal, state, and federal programs and zeroes in on outreach, information, and intervention. The program includes counseling for spousal abuse, child abuse, and sexual assault that stems from drug use. Specifically, the program offers services to the Nez Perce Tribe, focusing on the sacred circle of life and spiritual harmony with one's self and creator.

Project Hope (Helping Our Peers Evolve) Los Angeles, California

Project Hope prevents drug-related violence in South Central Los Angeles. Its target populations are African American and Latino youths, ages 14-18. Following the riots in Los Angeles (which resulted from the community's disapproval of the outcome of the trial involving Rodney King), Project Hope provided community healing, recovery, and future violence prevention initiatives. There was a community vigil, as well as meetings with members of the media and the police department. In addition to creating a heightened level of community motivation to prevent violence, Project Hope has proposed and created a number of support groups, such as one for mothers of victims of violence and one for mothers of perpetrators.

Rainbow Ohana Coalition Honolulu, Hawaii

This coalition, which serves a large public housing project, was formed to address gang violence that has pitted recently immigrated Laotian and Vietnamese people against Native Hawaiians and Samoans. Ethnic councils have been created to give all the groups a voice in matters related to the housing development. The coalition has also opened a multicultural and multilingual drop-in center for tenants. With a focus on community policing and neighborhood patrols, the housing development has experienced a reduction in violence, drug use, and drug dealing.

For more information on these and other CSAP Community Partnership Programs, contact PREVline's Violence Forum, available throuh PREVline, CSAP's electronic communications system, 301-770-0850. PREVline offers a specialized electronic bulletin and a Violence Prevention Resource Collection, an extensive database of information and program aids.

CDC Supports Evaluation of Violence Programs

FEW violence prevention programs have actually been evaluated for effectiveness, according to Mary Ann Fenley, a communications officer for the Centers for Disease Control and Prevention (CDC).

"That's what distinguishes us from some of the other agencies," she said. "The CDC approach uses a public health method that is specifically designed to figure out what's working."

One of the demonstration projects that CDC has funded is Peace Builders in Tucson, Arizona. The Pima County Community Service Department is the principal investigator for this violence prevention program, and Heartsprings, Inc., designed it.

Nine Tucson elementary schools are participating in the three-year project, which sets its sights on lessening physical and verbal aggression among students in grades K-5, a high percentage of whom are Latino. Through role-play and self-monitoring strategies, students learn to think positively and avoid insults.

The evaluation method consists of assessing behavior in classrooms and on playgrounds weekly, tracking grades, monitoring disciplinary action, and administering surveys twice a year that gauge student attitudes. Teachers, parents, and staff of the University of Arizona collect data.

"...the difference between a chaotic environment and a quiet, more controlled one."

At this point, "the first wave of data is still being evaluated and the second wave is being collected," according to Frank Lopez, a staff member at the Pima County Community Service Department. Lopez is responsible for working with the evaluation team and managing data collection.

But even as he awaits statistical results, Lopez feels confident the project works. "When I visit schools that don't use Peace Builders, and then visit schools that do, I see a major difference." Even in the hallways, he said, it boils down to the difference between a chaotic environment and a quiet, more controlled one. ■

For more information about Peace Builders, call Heartsprings, Inc., 602-299-6770 or 602-322-9977.

NCIPC Brings Public Health Approach to Violence. The public health approach to violence focuses on prevention—stopping violence from happening in the first place. According to CDC, the approach does not replace, but rather complements criminal justice and education-based approaches. CDC has been involved with injury prevention activities for more than 10 years, and about two and a half years ago, those activities turned into the status of a center—the National Center for Injury Prevention and Control (NCIPC). The center's priority areas are youth violence, family and intimate violence, suicide, and firearm injuries. NCIPC conducts research and runs programs that deal mostly with minority populations. For more information about NCIPC, call 404-488-4902.

PACT Project Shapes Policy

WHAT better way to convince cities to adopt gun dealer regulation ordinances than to *show* them why such a move is crucial to saving lives.

That's the line of reasoning that led the PACT Violence Prevention Project to collect data that identified a high number of minority kids as the victims of firearm-related violence. The project also conducted a study that revealed widespread noncompliance with state gun dealer laws.

"We then generated a map showing how close these gun dealers are to schools, and the reaction was usually shock," said Andrés Soto, manager of the project. As a result, five cities so far in California—Antioch, Lafayette, Pinole, Richmond, and San Pablo—have adopted the ordinances, and the project has garnered national recognition.

"...such a move is crucial to saving lives."

The PACT Violence Prevention Project, which targets African Americans, Asian Americans/Pacific Islanders, and Latinos, is funded by the Office of Minority Health and administered by the Contra Costa County Health Services Department in Pleasant Hill, California. The project is a member of the PACT Coalition, a group of nine agencies that use a multi-ethnic approach to combat violence. Other members of PACT, which stands for Policy, Action, Collaboration, and Training, include Familias Unidas and the Lao Family Community Development. ■

For more information about the PACT Violence Prevention Project, call 510-646-6511.

Indian Affairs Committee Holds Hearing on Violence

ON March 22, representatives from Indian communities, the Department of Health and Human Services, the U.S. Department of Justice, and the U.S. Department of the Interior, testified before the Senate Committee on Indian Affairs to support the reauthorization of Public Law 101-630, the Indian Child Protection and Family Violence Prevention Act.

Craig Vanderwagen, M.D., director of the division of clinical and preventive services at the Indian Health Service (IHS), outlined major initiatives that his agency has been able to implement because of the law, which was passed in 1990. This includes the hiring of a medical consultant to coordinate training for physicians in conducting exams of child abuse victims, Dr. Vanderwagen said.

Along with improving medical service on Indian reservations, the law, "took the crucial step of establishing the legal framework for the reporting, investigation, and prosecution" of child abuse, testified Dr. Anita Schacht, director of the Hopi Tribe Child Sexual Abuse Project in Kykotsmovi, Arizona.

Staff members for the Bay Mills Indian Community in Brimley, Michigan told the committee that, due to passage of the Indian Child Protection and Violence Act, their community has developed a spectrum of mental health and case management services. Approximately 24% of youth in the community suffered abuse in 1990, they testified, citing substance abuse and the lack of structured activities for youths as contributing factors. According to the testimony, "Definite need exists for services to protect our children from further abuse and neglect...." ■

IHS Team Addresses Family Violence

To coordinate training sessions on Indian reservations about family violence prevention and treatment, Lemyra DeBruyn, PhD, uses a team approach. "I take opportunities to bring together trainers who can contribute several perspectives," said Dr. DeBruyn, chief of the Family Violence Prevention team, a section of the Mental Health/Social Services Branch for IHS. For a two-day visit in April to a reservation in the southwest, DeBruyn brought in a former member of the New York Police Department to discuss the role of law enforcement in domestic violence. She also arranged for a tribe member to talk about the value of treating women with respect and how this notion fits in with Indian culture. The Family Violence Prevention Team was formed in 1986 to offer assessment and counseling to American Indians/Alaska Natives across the country. *For more information on family violence initiatives at IHS, call 505-837-4257.*

Public Pressure Works for Committee Against Anti-Asian Violence

IN May, 1993, an Asian taxi driver was confronted by the police. For help, he called the Lease Drivers Coalition Program, part of the Committee Against Anti-Asian Violence (CAAAV) in New York City. The program advises Asian cab drivers on how to deal with the police and protect themselves from racism and brutality. A CAAAV program coordinator answered the call and went out to offer assistance, but he soon became a victim of the very abuse he was trying to prevent.

The program coordinator, who is Asian, was yelled at and kicked by police officers, according to Anannya Bhattacharjee, executive director of CAAAV. "He lost consciousness," she said, "and when he woke up he had been arrested."

Two years later, CAAAV is still working on this case—publicizing the events that occurred, rallying public support, and sending letters to the District Attorney's Office. "The D.A. knows that this case is being closely watched," Bhattacharjee said. And such public pressure is a powerful tool in achieving justice through political and legal channels, she added.

CAAAV is an advocacy program that was founded in 1986 by volunteers who recognized an increase in anti-Asian violence as more and more immigrants came to the United States. In 1990, CAAAV became an established organization that aims to strategically build momentum for cases involving anti-Asian violence.

Each month, the committee offers about four workshops on violence across the country. It also offers a series of six training sessions for advocates, distributes a manual on anti-Asian violence, and runs anti-violence programs.

The Lease Drivers Program emerged from a need to intervene in industries that employ a high number of Asian immigrants with limited English-speaking ability. "When a victim doesn't speak English," Bhattacharjee said, "people use that as an excuse to give him inadequate representation in court. They know the victim doesn't have the language skills to fight the charges."

CAAAV also strives to help Vietnamese vendors working in Chinatown. In February, the committee organized a demonstration in the wake of repeated incidents of police harassment against this group.

By participating in CAAAV's leadership development program, Vietnamese youths in the Bronx learn early on about unfair treatment. They are taught how to assert leadership and take a stance on community issues.

For more information about the Committee Against Anti-Asian Violence, call 212-473-6485.

Confronting Violence Against Women

VIOLENCE against women, particularly minority women, is reaching epidemic proportions. For years, some have tried to conceal the problem. But the Public Health Service (PHS) wants to face it head on. PHS has responded with research, education, and prevention programs.

The objectives of any PHS program for preventing violence against women are to identify the problem, protect the victim, stop the violence, and empower women. And the first step before tackling any of these problems, according to PHS, is understanding the scope of the problem.

The following facts show trends in violence and how minority women fit into the picture. Source: National Crime Victimization Survey of the U.S. Department of Justice.

- Every year, more than 2.5 million women experience violence.
- About one-third of female victims of violence suffer injuries as a result of the crime.
- Women most vulnerable to becoming victims of violent crime are African Americans and Hispanics/Latinos who are young and single, with a low family income and low education level.
- African American and Hispanic/Latino women have a higher risk of experiencing violent crime than white women.
- African American women are more than twice as likely as white women to experience a robbery.

PHS efforts to reduce violence against women often involve interagency collaboration. For example, in a cooperative agreement with the Centers for Disease Control and Prevention and the Minority Health Professions Foundation, the Office of Minority Health has launched a project to determine attitudes, beliefs, and behaviors about violence that occurs on dates and in relationships. This demonstration project conducts focus groups representing different geographic areas.

For information on this project and other violence prevention programs related to women, contact the following agencies:

National Institutes of Health, Office of Research on Women's Health, 9000 Rockville Pike, Building 1, Rm. 201, Bethesda, Maryland 20892-0161, 301-402-1770.

Centers for Disease Control and Prevention, National Center for Injury Prevention and Control, 4770 Buford Highway, MS: K-65, Atlanta, GA 30341-3724, 404-488-4902.

Health Resources and Services Administration, 5600 Fishers Lane, Parklawn Building, Rm. 1399, Rockville, MD 20857, 301-443-5184. ■

NIH Funds Research on Victims of Interpersonal Violence

THE Violence and Traumatic Stress Research Branch of the National Institute of Mental Health funds grants to study the effects of interpersonal violence and catastrophic events on both perpetrators and victims. NIMH is part of the National Institutes of Health.

Such "research has...formed the development of interventions for violent behavior and pointed to promising directions for improvements in such interventions," according to Malcolm Gordon, PhD, with the Victims of Interpersonal Violence Research Program.

NIMH's research addresses the patterns of child and spousal abuse, as well as hate crimes against gays and lesbians. Also studied are the psychological effects of many types of criminal acts, such as robberies, kidnapping, and terrorism.

NIMH grant proposals and cooperative agreements must include women and minority populations as subjects of research. Populations specifically mentioned in the program's guidelines are American Indians/Alaska Natives, Asian Americans/Pacific Islanders, African Americans, and Hispanics/Latinos.

The program encourages research that uncovers the mental health consequences of victimization and the coping mechanisms that foster recovery. Another priority area of investigation is the effectiveness of prevention and treatment programs.

The Victims of Interpersonal Violence Research Program funds research grants for the following topics: prediction and primary prevention of child mistreatment; treatment of spousal abuse; victims of rape: stress, coping, and social support; childhood trauma and the Cambodian adolescent refugee; and familial sexual abuse of African American girls. ■

For more information about research priority areas and grant application procedures, contact Dr. Malcolm Gordon, Victims of Interpersonal Violence Research Program, Violence and Traumatic Stress Research Branch, Division of Epidemiology and Services Research, National Institute of Mental Health, 5600 Fishers Lane, Room 10C-24, Rockville, MD 20857, 301-443-3728.

Resources
Violence Information

National Crime Prevention Center. 1700 K St., NW, 2nd Floor, Washington, DC 20006, 202-466-6272.

National Maternal and Child Health Clearinghouse. 8201 Greensboro Drive, Suite 600, McLean, Virginia 22102, 703-821-8955, ext. 254/255.

National Injury Information Clearinghouse. USCPSC, Room 504, Washington, DC 20207, 301-504-0424.

Juvenile Justice Clearinghouse. PO Box 6000, Rockville, Maryland 20849, 800-638-8736.

National Center for Post-Traumatic Stress Disorder. VA Medical & Regional Office Center (116D), White River Junction, Vermont 05009, 802-296-5132.

National Association of Black Social Workers. 8436 West McNichols, Detroit, Michigan 48221, 313-862-6700.

National Clearinghouse on Child Abuse and Neglect and Family Violence Information. PO Box 1182, Washington, DC 20013-1182, 703-385-7565 or 800-394-3366.

Children's Defense Fund. 25 E Street, NW, Washington, DC 20001, 202-628-8787.

Bureau of Justice Statistics Clearinghouse. Box 6000, Rockville, Maryland 20849-6000, 1-800-732-3277.

Funding Alert

The CNA Financial Corporate Giving Program supports health and human service projects that address topics such as crime and violence. In-kind support includes printing, equipment, and furniture. Funding is primarily for Chicago area. **Deadline: None.** Initial approach letter is required. Contact: Manager, Community Relations, CNA Financial Corporate Giving Program, CNA Plaza, Chicago, IL, 60685, 312-822-5318.

The Gardiner Howland Shaw Foundation supports programs that can divert juvenile offenders from further offenses, promote alternatives to incarceration, and impact public policy related to criminal justice. Additional consideration is given to projects that serve women and minority offenders. Funding is limited to Massachusetts. Initial approach through concept paper or proposal is required. **Deadline: Next deadline is Sept. 1.** Contact: Executive Director, Gardiner Howland Shaw Foundation, 341 Chestnut St., Needham, MA, 02192, 617-455-8303.

The Joyce Foundation offers grants for efforts that address gun use as a public health issue, particularly among youth. The foundation supports programs that improve education and implement prevention-oriented strategies. Open to non-profit organizations in the Midwest. **Deadline: Next deadline is Aug. 15.** Contact: The Joyce Foundation, 135 S. LaSalle St., Suite 4010, Chicago, IL 60603, 312-782-2464.

Ms. Foundation for Women funds women's self-help initiatives, including efforts to end discrimination and violence. Open to non-profit agencies. **Deadline: None.** Contact: Ms. Foundation for Women, 120 Wall Street, 33rd Floor, New York, NY 10005, 212-742-2300.

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CLOSING THE GAP

May

22-25: Wellness and Native American Men IV Conference. Albuquerque, New Mexico. Contact: Health Promotions Programs, College of Continuing Education, University of Oklahoma, 405-325-1790.

22-25: Second Annual Conference of the Violence Prevention Coalition. Los Angeles, California. Contact: 310-397-6338.

26-30: National Conference on Peacemaking and Conflict Resolution: Working it Out. Minneapolis, Minnesota. Contact: George Mason University, 703-934-5140.

June

7-11: Third National Colloquium. Tucson, Arizona. Contact: American Professional Society on the Abuse of Children, 312-554-0166.

16-18: Joint Session. New York, New York. Contact: Organization of Latino Social Workers c/o Community Family Planning Council, 212-366-4500.

25-28: Violence as a Global Issue: Responding to the Crisis. Arlington, Virginia. Contact: National Council for International Health, 202-833-5900.

July

23-26: Working with America's Youth. Los Angeles, California. Contact: National Resource Center for Youth Services, University of Oklahoma, 918-585-2986.

23-26: Our Children, Our Destiny. Miami, Florida. Contact: National Urban League, 212-310-9000.

For a comprehensive calendar of conferences on minority health topics, call the Office of Minority Health Resource Center, 1-800-444-6472.